

Cimarron Animal Clinic

Brent L. Pitts, DVM

*6012 North Washington
Stillwater, OK 74075
405-372-3200*

Boarding Admission Form

****You are charged for each night your pet stays.**

****All pets entering the clinic must be up to date on vaccinations including Nasal Bordatella or they will be given upon admission, at owners expense.**

****All pets must be free of external parasites or a Flea/Tick bath will be given at owners expense.**

****Your pet will be checked for internal parasites upon admission to our clinic and if necessary medicated appropriately, at owner's expense. There will be no charge for the fecal examination for negative results.**

Pet's Name:

Name and number of responsible party to be reached in case of emergency while pet is boarding. _____.

Would you like your pet to have a bath? (Owner's expense) _____ Please Initial _____.

If yes, what day would you like it to be given? _____ Please Initial _____.

What date and time will you be picking up your pet? _____.

*****NOTE: Please call if this date or time changes!!!*****

VACCINATION RECORDS

All pets must have been vaccinated in the past year. If your pet has been vaccinated please initial here _____.

If yes, we must have proof of all vaccinations. The required vaccinations are as follows:

FELINE:

Rabies

FVRCP

Feline Leukemia

CANINE:

Rabies

DHLPP

Nasal Bordatella

It is MANDATORY that these vaccines are CURRENT!!!!!!

PET'S MEDICAL HISTORY

Please let us know if your pet has any medical problems. _____.

Do you want your pet to be examined by the Doctor while boarding (owner's exp.)?

_____ Please initial _____. If yes please explain. _____.

There is a 2.00 per day treatment charge if you bring meds for us to use during your pets stay. Please indicate medications or special foods needed.

_____.